

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
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TOTAL IND.	4					
TOTAL DEP.	20					
TOTAL CLAIMS	24					

	IND		DEP		IND	DEP	IND	DEP
	IND	DEP	IND	DEP				
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

W/H Docket 115700

PTO/SB/07 (08-03)
Approved for use through 7/31/2006. OMB 0651-0032
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number	Filing Date				
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Applicant(s)	Kiehl-Tee Smith, et al				
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1						51					
2	1						52					
3	2						53					
4	2						54					
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9	1						59					
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47							97					
48							98					
49							99					
50							100					
Total Indep	3						Total Indep					
Total Depend	23						Total Depend					
Total Claims	26						Total Claims					

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